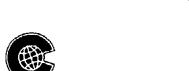
The Energy People



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ACT/007/005 FOLDER#4

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## FACSIMILE TRANSMISSION COVER SHEET

TO: Prise	Ma Burton	
LOCATION:_	1/a: Burton DOGM- SLC	<del>-</del>
FROM: LOCATION:	Keith ToBell Skyline	-
	NUMBER OF PAGES, INCLUDING THIS PAGE:	
CONTENTS:_		
COMMENTS:		

If you have trouble with this transmission, please contact Glenna at 801-637-7925, Ext. 2018.

02/27/92

ACCEPT THE 17/801

15:36

**5**304 325 8443

FLAT TOP INS.

@1002/003

MANE BATE (MIM/OD/YY) ACORD. CERTIFICATE OF INSURANCE 2/17/92 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND PHODUCER CONFERS NO HIGHTS UPON THE CENTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE FLAT TOP INSURANCE AGENCY POLICIES BELOW. 320 FEDERAL STREET P. D. BDX 1439 COMPANIES AFFORDING COVERAGE BLUEFIELD WV 247010000 COMPANY A FIDELITY & CASUALTY CO. OF NY COMPANY B (NEUPED ODMPANY C THE COASTAL CORPORATION. ETAL LETTER C/D ENERGY INSURANCE INTOL P-D- BDX 36429 CETTER D HOUSTON COMPANY E TX 772366429 LETTER **GOVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE POLICY EXPIRATION DATE (MINIDDITY) LIMITE OD' POLICY NUMBER TYPE OF INSURANCE 12/31/91 12/31/92 GENERAL AGGREGATE . 2.000,000 MCD001172 A. GENERAL LIABILITY 1 2,000,000 PRODUCTS-COMP/CF AGG. X COMMERCIAL GENERAL LIABILITY . 2.000.000 PERSONAL & ADV. MUNAY CLAIMS MADE X DOCUR. 2.000.000 each occurrence X - OWNER'S & CONTRACTOR'S PROT. 100+000 FIRE DAMAGE (ANY ONE ETF) . \$ X KCU 10+000 MED. EXCENSE (Any ore person) \$ COMBINED SINGLE AUTOMOBILE LIABILITY LIMIT ANY AUTO BODILY İMJURY , ALL OWNED AUTOS SCHEDULED AUTOS BODILY MUUNTY (Per secident) HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY PROPERTY DAMAGE EADH OCCURRENCE š EXCESS LIABILITY AGGREGATE · UMBRELLA FORM OTHER THAN UMBRELLA FORM **BEATUFORY LIMITS** WORKER'S COMPENSATION EACH ADOIDENT AND DISEASE-POLICY LIMIT EMPLOYERS' LIABILITY DIĞEASÎ-BAÇH EMPLOYEE \$ OTHER 500 +000 12/31/91 12/31/92 POLLITION MCPDO1173 A DESCRIPTION OF OPERATIONS/LOCATIONS/YEMICLES/SPECIAL ITEMS COASTAL STATES ENERGY COMPANY, SKYLINE COAL COMPANY AND UTAH FUEL COMPANY SKYLINE MINES - PERMIT ACT/007/005 /BGW CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MENANTER STATE OF UTAH DIVISION OF DIL & GAS MAIL 090 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE 3 TRIAD CENTER: SUITE 350 LEFT, BUT FAILURE TO MAIL BUOH NOTICE BHALL IMPOSE NO OBLIGATION OR SALT LKAE SITY. UT 841851263 LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

FLAT JOHN ON MAN AGENCY

02/27/92 15:37 2304 325 8443

FLAT TOP INS.

**2**1003/003

## THE COASTAL CORPORATION

## NAMED INSUREDS

A. ANR Coal Company
ANR Western Coal Development Company
Brooks Run Coal Company
Cat Run Coal Company
Coastal Coal Sales, Inc. (formerly Coastal Coal
International, Inc.)
Enterprise Coal Company (formerly Apache Mining
Greenbrier Coal Co.
Kingwood Coal Company
Skyline Coal Company
Skyline Coal Company
Southern Utah Fuel Company
Unique Mining Systems, Inc.
Utah Fuel Company
Virginia City Coal Company
Virginia Iron, Coal and Coke Company

and/or subsidiary, associated and affiliated companies or cwned or controlled companies as were or are now or may hereinafter constituted, and

B. The Coastal Corporation, Coastal Natural Gas Company, Coastal States Energy Company and American Natural Resources Company but only in their capacity as parent and/or holding company to those entities scheduled in (A) above and, only as respects liabilities arising out of operations carried out by or for those entitles scheduled in (A) above.

For the purpose of receiving and giving notice and payment or return of premium The Coastal Corporation shall be deemed the only named insured and shall act as the agent of any and all other named insureds.

## Prepared by:

Flat Top Insurance Agency P. O. Box 1439 Bluefield, WV 24701

1-3-92

100-27-02 01-31PM P003 #36

TO DOGM

P004/004

02/27/92 15:36 \$304 325 8443 FLAT TOP INS.

Ø 001/003

TRANSMITTAL COVER LETTER	
DATE: <u>Q-27-92</u>	
PLEASE DELIVER THE FOLLOWING PAGES TO: Keith Zobell-	
this telecopy is bring sent by: Barbara Brown	
NUMBER OF PAGES INCLUDING COVER SE	EET
IF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS CONFIRMATION NUMBER IS (304) 327-3421. FAX NUMBER IS	SOON AS POSSIBLE. (304) 325-8443.
MESSAGE:	
attached is Certificate for	
State of Utah.	
I did have an incorrec	
address and will mail	another
original.	
Q	